

Type a plus sign (+) inside this box [+]

Approved for use through 9/30/00

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/01 (8/96)	Attorney Docket Number	4695-00084
DECLARATION		
Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing	OR	Declaration <input type="checkbox"/> Submitted after Initial Filing
COMPLETE IF KNOWN		
Application Number		
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SERVICEABLE EXHAUST AFTERTREATMENT DEVICE, AND CONFIGURED CYLINDRICAL BODIES FOR COUPLING

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT

International Number
(if applicable)

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:				

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.

Type a plus sign (+) inside this box [+]

Atty. Docket No. 4695-00084

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365C of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Daniel D. Fetterley	20,323	Joseph D. Kuborn	40,689
George H. Solveson	25,927	Jeffrey S. Sokol	35,686
Gary A. Essmann	29,376	William L. Falk	27,709
Thomas M. Wozny	28,922		
Michael E. Taken	28,120		
Joseph J. Jochman, Jr.	25,058		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:

Customer Number or Bar Code Label



26753

PATENT TRADEMARK OFFICE

Correspondence address below

NAME	Michael E. Taken (Reg. No. 28,120) ANDRUS, SCEALES, STARKE & SAWALL, LLP				
ADDRESS	100 East Wisconsin Avenue Suite 1100				
CITY	Milwaukee	STATE	Wisconsin	ZIP CODE	53202-4178
COUNTRY	U.S.A.	TELEPHONE	(414) 271-7590	FAX	(414) 271-5770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Duane E. Norby

Inventor's Signature

Date

7-24-03

RESIDENCE: City Evansville State WI Country USA Citizenship USA

POST OFFICE ADDRESS 320 Cherry Street

City Evansville State WI Zip 53536 Country USA

Additional inventors are being named on supplemental sheet(s) attached hereto.

Please type a plus sign (+) inside this box [+]

Atty. Docket No. 4695-00013

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
-------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert Raymond		Petkovsek					
Inventor's Signature	<i>Robert Raymond Petkovsek</i>		Date 7-23-03				
RESIDENCE: City	Neillsville	State	WI	Country	USA	Citizenship	USA
POST OFFICE ADDRESS		611 East 5th Street					
City	Neillsville	State	WI	Zip	54456	Country	USA